STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation 2023

SD Secretary of State 2. DATE 9/21/2023 1. TITLE OF NEWSPAPER West River Eagle 3A. NO. OF ISSUES PUBLISHED ANNUALLY 3B. ANNUAL SUBSCRIPTION 3. FREQUENCY OF ISSUE 52 PRICE \$50 weekly 4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) 317 S Main St Eagle Butte, Dewey County, SD 57625-0210 5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) 1413 E Grand Crossing, Mobridge SD, 57601 6. FULL NAME OF PUBLISHER: Kelsey Majeske 7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. COMPLETE MAILING ADDRESS **FULL NAME** 75 N Main St Buffalo, WY 82834 Joseph Mullen 8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS. MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form. First Northern Bank of WY AVERAGE NO. COPIES ACTUAL NO. COPIES EACH ISSUED 9. EXTENT AND NATURE OF CIRCULATION ISSUED PRECEDING 12 NEAREST TO FILING DATE MONTHS 1601 A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies) 1620 B.PAID AND/OR REQUESTED CIRCULATION 1002 990 1. Sales through dealers and carriers, street vendors, and counter sales. 2. Mail Subscription 263 271 (Paid and or requested) 3. Paid Electronic Copies 120 151 C.TOTAL PAID AND/OR REQUESTED CIRCULATION 1404 1393 (Sum of 9B1, 9B2 and 9B3.) D.FREE DISTRIBUTION 81 80 1. BY MAIL, CARRIER OR OTHER MEANS 2. SAMPLES, COMPLIMENTARY AND OTHER FREE 1474 1484 E. TOTAL DISTRIBUTION (Sum of C, D1 and D2) F. COPIES NOT DISTRIBUTED 117 146 1. Office use, left over, unaccounted, spoiled after printing 2. Return from News Agents G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.) 1620 1601 Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public I swear that the statements made by me are true, correct, and complete: Swom to before me this 21 day of 2 Decoder, 20 23 State of South Dakota County of Molward Notary Public My commission expires; 8-1-25 (Seal) ARDEN PAHL

> Notary Public South Dakota

Form: SOS REC 05